

Death claim pack





Dear Adviser

We are committed to delivering an efficient and professional experience at this difficult time

We would like to express our sincere condolences on the death of your client. We understand that this is a difficult time for your client's loved ones and aim to deliver an efficient and professional administration experience in processing this claim.

Our death claim pack is included

We include our death claim pack which will guide you through the death claim process. A separate section has been included for retirement annuity and preservation fund death claim submissions, as Section 37C of the Pension Funds Act includes additional requirements when processing claims on these products which the Trustees of these funds are obliged to meet. The specifics of these documents will provide you with a comprehensive overview of our requirements to efficiently settle the claim. These include the death claim form and the supporting documents you will need to submit.

Death claim submissions for other PSG Wealth products such as the Voluntary Investment Plan, Tax Free Investment Plan, Equity Linked Living Annuity and Endowment do not have such extensive requirements and therefore have a separate death claim form.

We have made every effort to ensure that the death claim pack provided is as comprehensive as possible, bearing in mind that not all death claims are the same and (in the case of pension funds) the Trustees will evaluate each one according to its own unique circumstances. Please also note that the Trustees may request further information after reviewing the documents provided.

Our commitment to you

We are committed to assist you with the finalisation of your death claim and the processing and distribution of the death benefit as quickly and as equitably as possible.

Questions or queries?

If you have any questions or queries regarding this process, please feel free to contact your investment specialist or your dedicated client service team.

Kind regards

A handwritten signature in black ink, appearing to read "Cindy Tshabalala".

Cindy Tshabalala
Head of Client Service

Death claims

List of requirements

Introduction

We have listed the requirements for the submission of a death claim below. Please note that these are the minimum requirements to effectively assist you with finalising the claim. Additional information may be requested based on the information provided.

PSG Wealth Voluntary Investment Plan (VIP)

Required documents

1. Death certificate
2. Fully completed 'Death Claim Application Form' (and supporting documents specified in this form)
3. Letter of executorship
4. Copy of identity document of the Executor
5. Proof of address of the Executor, not older than three months
6. Copy of bank statement of the Estate Late bank account, not older than three months
7. Proof of tax number of the Estate, not older than three months
8. Marriage certificate (if applying for a CGT roll-over transfer)
9. 'Transfer of Units In' form signed by the Executor (if applying for a CGT roll-over transfer)

Destination for payment

Payment will be processed into the Estate Late bank account of the deceased or transferred to the spouse in the case of a CGT roll-over event.

PSG Wealth Tax Free Investment Plan (TFIP)

Required documents

1. Death certificate
2. Fully completed 'Death Claim Application Form' (and supporting documents specified in this form)
3. Letter of executorship
4. Copy of identity document of the Executor
5. Proof of address of the Executor, not older than three months
6. Copy of bank statement of the Estate Late bank account, not older than three months
7. Proof of tax number of the Estate, not older than three months

Destination for payment

Payment will be processed into the Estate Late bank account of the deceased.



PSG Wealth Equity Linked Living Annuity and PSG Wealth Endowments

Required documents

1. Death certificate
2. Notice of death and police report where cause of death was not due to natural causes
3. Fully completed 'Death Claim Application Form' (and supporting documents specified in this form)
4. Letter of executorship (if applicable)
5. 'Equity Linked Living Annuity Application' form (if applicable)
6. Copy of identity document/s of the beneficiary/beneficiaries
7. Proof of address of the beneficiary/beneficiaries, not older than three months
8. Copy of bank statement of the beneficiary/beneficiaries, not older than three months
9. Proof of tax number of the Estate, not older than three months

Destination for payment

Payment will be processed according to the instruction received from the nominated beneficiary/beneficiaries on the investment.

PSG Wealth Retirement Annuity and Preservation Funds

Required documents

1. Death certificate
2. Marriage certificate, proof of payment of lobola, proof of celebration of customary union, proof of registration of customary union, confirmation of permanent life partnership etc.
3. Notice of death and police report where cause of death was not due to natural causes
4. Fully completed 'Section 37C Death Claim Application Form' (and supporting documents specified in this form)
5. Letter of executorship
6. Copy of the deceased's will
7. Copy of identity document/s of dependants/nominees
8. Proof of address of dependants/nominees, not older than three months
9. Proof of bank account of dependants/nominees, not older than three months
10. Affidavit from independent third party confirming the dependants of the deceased as well as any other information that the Trustees may need to be aware of.
11. Proof of tax number of the Estate, not older than three months
12. Copy of divorce decree stamped by the Master of the High Court

Destination for payment

Payment will be made to the dependants and/or nominees to whom the Trustees have allocated a portion of the benefit. Alternatively, the Trustees may direct that the payment be made to a beneficiary fund for the benefit of a dependant/nominee. If the payment is to be made to the dependant and/or nominee, PSG Life will proceed to make the payment as per the instruction received from the dependants and/or nominees, i.e. cash payment or purchase of an annuity.

Death claim application form

VIP, TFIP, ELLA and Endowment

- PSG Invest (Pty) Ltd, an authorised administrative financial services provider, is the Administrator of this investment.
- This form should be completed by the beneficiary/beneficiaries where the investor is deceased.
- Please complete all relevant sections of this application form.
- By submitting this death claim application, the beneficiary/beneficiaries apply for payment of the proceeds of the investment/s listed below, and confirm that the payment of such proceeds by the Administrator will be the full and final discharge of the Administrator's liability under the investment/s.
- The Administrator may request further information or documentation if required.

Existing investment details

Investment number	<input type="text"/>		
Surname of deceased	<input type="text"/>		
First name(s) of deceased	<input type="text"/>		
ID number of deceased	<input type="text"/>		
Previous address: Unit and street	<input type="text"/>		
	<input type="text"/>		
Suburb	<input type="text"/>	Code	<input type="text"/>
Town/City	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>		
Date of death	<input type="text"/>		
Place of death	<input type="text"/>		
Cause of death	<input type="text"/>		
Circumstances of death if not by natural causes.	<input type="text"/>		

Executor details

Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID number	<input type="text"/>		
Cell phone	<input type="text"/>	Work number	<input type="text"/>
Email address	<input type="text"/>		



Estate late bank account details

Account holder	<input type="text"/>		
Bank name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	<input type="checkbox"/> Cheque/Current	<input type="checkbox"/> Transmission <input type="checkbox"/> Savings

Please attach a cancelled cheque or certified copy of a cheque not older than three months or certified copy of a recent bank statement not older than three months for verification purposes.

Beneficiaries (if applicable)

Details of beneficiary 1

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						
Relationship to deceased	<input type="text"/>						
Cell phone	<input type="text"/>			Work number	<input type="text"/>		
Email address	<input type="text"/>						
Allocated percentage of total benefit	<input type="text"/>						
Portion of benefit allocated to be transferred	<input type="text"/>			(Indicate the rand amount to be transferred to an approved fund – please include the completed application form)			
Portion of benefit allocated to be paid in cash	<input type="text"/>			(Indicate the percentage to be paid in cash into the account of the dependant/beneficiary detailed below)			

Account holder	<input type="text"/>		
Bank name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	<input type="checkbox"/> Cheque/Current	<input type="checkbox"/> Transmission <input type="checkbox"/> Savings

Please attach a cancelled cheque or certified copy of a cheque not older than three months or certified copy of a recent bank statement not older than three months for verification purposes.

Details of beneficiary 2

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						
Relationship to deceased	<input type="text"/>						
Cell phone	<input type="text"/>			Work number	<input type="text"/>		
Email address	<input type="text"/>						



Allocated percentage of total benefit

Portion of benefit allocated to be transferred (Indicate the rand amount to be transferred to an approved fund – please include the completed application form)

Portion of benefit allocated to be paid in cash (Indicate the percentage to be paid in cash into the account of the dependant/beneficiary detailed below)

Account holder

Bank name Branch code

Account number ☐ Cheque/Current ☐ Transmission ☐ Savings

Please attach a cancelled cheque or certified copy of a cheque not older than three months or certified copy of a recent bank statement not older than three months for verification purposes.

Details of beneficiary 3

Title ☐ Ms ☐ Mr ☐ Dr ☐ Prof ☐ Adv Other

First name(s)

ID/Passport number

Relationship to deceased

Cell phone Work number

Email address

Allocated percentage of total benefit

Portion of benefit allocated to be transferred (Indicate the rand amount to be transferred to an approved fund – please include the completed application form)

Portion of benefit allocated to be paid in cash (Indicate the percentage to be paid in cash into the account of the dependant/beneficiary detailed below)

Account holder

Bank name Branch code

Account number ☐ Cheque/Current ☐ Transmission ☐ Savings

Please attach a cancelled cheque or certified copy of a cheque not older than three months or certified copy of a recent bank statement not older than three months for verification purposes.

Declaration and authorisation

Please read through the following terms, conditions and declarations and assure compliance where applicable

- This form may only be signed by nominated beneficiaries or the executor acting on behalf of the Investor. The signatory warrants that he/she has the necessary authority to sign this document, confirms that the information contained in this document is correct and true, and he/she indemnifies the Administrator against all damages or losses that may arise as a result of his/her signature to this document.
- The Administrator reserves the right to withhold the processing of any request if the information in its opinion is ambiguous, unclear or incomplete. The Administrator also reserves the right to request additional information or verification documentation from the Investor if so required. The Administrator will not be obliged to process this instruction until such documentation has been received.



- A faxed or emailed instruction will only be processed if the nominated beneficiary or executor has authorised the Administrator to accept instructions via these mediums on the original 'Beneficiary Nomination Form'. Where no authorisation has been given, a faxed or emailed instruction will be rejected by the Administrator. The nominated beneficiary or executor is reminded that the responsibility to assure receipt of any instruction by the Administrator via fax or email remains the responsibility of the nominated beneficiary or executor. A faxed transmission confirmation or emailed delivery advice in the hands of the sender will not suffice as proof that the Administrator has received the instruction. The Administrator cannot be held responsible for any damages or losses arising out of the election of the nominated beneficiary or executor to instruct the Administrator via fax or email of a scanned document.
- The Administrator will not be liable for any damages or losses, resulting from unprocessed instructions due to circumstances beyond its control.
- Balances that remain in a fund following a 100% switch out/rebalance out/withdrawal from this fund will not automatically follow the original transaction to the required destination fund or bank account. Such residual balances may be caused by reinvested distributions or the release of units that were reserved for another transaction at time of instruction. You/your Financial Adviser may send a written request to the Administrator to reprocess this instruction in order for future residual balances to be cleared.

I/We, the undersigned hereby confirm, by accepting these terms and conditions and disclaimer, that I/we understand the nature, effect or any provisions of the disclaimer.

I/We, the undersigned, do hereby declare that I/we have read and understood the standard terms and conditions contained in the original investment document and any endorsements thereto, and agree to be bound to these terms and conditions. The Investor understands that in terms of the Financial Advisory and Intermediary Services Act, 2002 (FAIS), his Financial Adviser must be mandated by a licensed Financial Services Provider (FSP) as a representative with the necessary FAIS subcategories to act on the Investor's behalf and that it is also the Investor's responsibility to determine whether his Financial Adviser has the necessary authorisation. (FSCA toll free number: 0800 110443). The Investor understands and confirms that the Administrator is entitled to act on his Financial Adviser's instructions, whether in written or electronic format, as if they were the Investor's own instructions. The Investor hereby indemnifies the Underwriter and/or Administrator against all losses or damage, which he may sustain as a result of transactions entered into on the basis of this delegation of authority by the Investor to the Financial Adviser. If a Financial Adviser is not mandated as required by the Financial Sector Conduct Authority, the Administrator is obliged by law to decline any instructions from such Financial Adviser. The Administrator may and will accept instructions on the strength of the Investor's signature. The Investor hereby authorises the Administrator to obtain information from the appointed FSP, Financial Adviser or administrative assistant where the Investor has failed to include such information in the application or transaction form. This authorisation is subject to the Administrator obtaining documentary proof where necessary.

Signature of Executor

Date

Signature of Dependant/Beneficiary 1

Date

Signature of Dependant/Beneficiary 2

Date

Signature of Dependant/Beneficiary 3

Date

Contact details

Physical address: Building 1, The Ingress, Corner of Magwa and Lone Creek Crescents, Waterfall City, Waterfall, 2090, Gauteng, South Africa

Postal address: PO Box 61295, Marshalltown, 2107, South Africa

Sharecall: 0860 774 774

Email: clientservice@psg.co.za

Website: www.psg.co.za

Section 37C death claim pack



Section 37C Death Claims

Introduction

- This process outlined in the remainder of this document applies at the death of a member of any of the PSG Wealth retirement funds (the 'Member').
- The PSG Wealth retirement funds ('the 'Funds') include the PSG Wealth Retirement Annuity Fund, PSG Wealth Preservation Provident Fund and PSG Wealth Preservation Pension Fund.
- A simplified process applies for non-retirement products.
- PSG Life Limited underwrites PSG Wealth's retirement products. PSG Invest (Pty) Ltd, an approved administrator and authorised administrative financial services provider, is the administrator of these products.
- If you have any queries, please contact your investment specialist or your dedicated client service team.

Purpose of this document

This document provides guidance to a family member, or any other person with personal knowledge of the deceased Member's circumstances, in completing the 'Section 37C Death Claim Application Form'.

Where a Member passes away before retiring from one or more of the PSG Wealth retirement funds, a death benefit will be payable to dependents and/or nominees in accordance with the rules of the Fund and subject to the provisions of Section 37C of the Pension Funds Act, 24 of 1956 (the 'Act').

Dependants versus nominees

The trustees of the Fund (the 'Trustees') allocate the death benefit based on the definitions of dependant and nominee as defined in the Act.

Dependants

The Act defines dependants as spouses, children, anyone proven to have been financially dependent on the member at the time of their death, anyone entitled to maintenance, as well as anyone who may in the future have become financially dependent on the member.

Nominees

A nominee is any party (natural person, trust or legal entity) whose details the member provided to the retirement fund in writing, indicating that they should be considered by the trustees for a possible allocation of the death benefit. Examples would be one or more dependants or a person who is not a dependant.

It is important to understand that whilst the Trustees must consider dependants when allocating the benefits of a death claim, the circumstances of the claim may result in dependants not receiving an allocation of the benefits. Further, the Trustees are not required to distribute to nominees. The main purpose of the Member's choice of nominees is to provide guidance to the Trustees in determining the nature of the relationship between the deceased Member and potential beneficiaries.

What is required?

The dependants or beneficiaries must complete the 'Section 37C Death Claim Application Form' and applicable 'Annexures', and submit the forms and supporting documents to PSG Wealth. FICA exemption does not apply to death claim submissions. You are therefore required to submit FICA documents for each dependant and beneficiary.



The parties mentioned in the 'Section 37C Death Claim Application Form' must complete the sections of the form applicable to them, as detailed below:

- Section 1: Existing investment details
- Section 2: Executor detail/details of estate
- Section 3: Details of any other investments
- Section 4: Details of spouse/life partner
- Section 5: Details of major and minor children
- Section 6: Details of the parents of the deceased
- Section 7: Details of previous spouse
- Section 8: Details of nominated beneficiary
- Section 9: Details of any other persons who were financially supported by the deceased
- Section 10: Declaration and authorisation

Potential beneficiaries are only required to provide bank details if they have completed a financial dependence annexure ('Annexure A').

Claims process

Step 1

After receiving the completed 'Section 37 Death Claim Application Form', applicable annexures and supporting documents, the trustees must identify and trace all dependents and nominated beneficiaries of the Member at the time of his/her death.

Step 2

The trustees must investigate or make enquiries into the personal and financial circumstances of each dependant and nominee. This may lead to further enquiries where the trustees could consider various additional factors, including age, financial position, financial need, member wishes and amount available for distribution.

Step 3

The trustees, at their sole discretion, must decide how to divide the death benefit fairly – based on the outcomes of their investigations. Written confirmation of the decision and options available to the beneficiaries, will be sent to the beneficiaries once the trustees have reached their decision.

Step 4

The trustees must determine the method of payment of the benefits to beneficiaries. In the event of a beneficiary electing to take a cash lump sum, income tax as determined by the South African Revenue Service will be deducted before the benefit is paid to the beneficiary.

Step 5

The trustees distribute the benefits to the identified beneficiaries

Kind regards

Cindy Tshabalala
Head of Client Service

Section 37C – Where to start?

The diagram below details the supporting documentation required from dependants or nominees, categorised by their relationship to the deceased member of the PSG Wealth Retirement Annuity Fund and/or the PSG Wealth Preservation Pension Fund and/or the PSG Wealth Preservation Pension Fund (the 'Member').

Member		
Children	Partners	Parents
1. Minor children 1.1. Unabridged birth certificate/s 1.2. Affidavit from guardian confirming living circumstances of the minor child/children	1. Spouse 1.1. Marriage certificate 1.2. Copy of identity document 1.3. Affidavit confirming financial dependence/ independence as well as financial circumstances	1. Mother and father 1.1. Affidavit confirming financial dependence/ independence as well as financial circumstances 1.2. Death certificate (if deceased)
2. Major children 2.1. Unabridged birth certificate/s 2.2. Affidavit confirming financial dependence/ independence as well as financial circumstances	2. Life partner 2.1. Copy of identity document 2.2. Affidavit confirming financial dependence/ independence as well as financial circumstances. 2.3. Third party affidavit confirming partnership	
3. Posthumous children 3.1. Unabridged birth certificate/s 3.2. Affidavit from guardian confirming living circumstances of the minor child/children	3. Ex-spouse 3.1. Copy of divorce decree 3.2. Copy of identity document 3.3. Affidavit confirming financial dependence/ independence as well as financial circumstances	
4. Adopted children 4.1. Unabridged birth certificate/s 4.2. Affidavit from guardian confirming living circumstances of the minor child/children (if applicable) 4.3. Affidavit confirming financial dependence/ independence	4. Customary spouse 4.1. Copy of identity document 4.2. Affidavit confirming financial dependence/ independence as well as financial circumstances 4.3. Affidavit from witnesses of customary wedding 4.4. Proof of payment of lobola	
5. Children born out of wedlock 5.1. Unabridged birth certificate/s 5.2. Affidavit from guardian confirming living circumstances of the minor child/children (if applicable) 5.3. Affidavit confirming financial dependence/independence	5. Fiancé/ Fiancée 5.1. Copy of identity document 5.2. Affidavit confirming financial dependence/independence as well as financial circumstances 5.3. Third-party affidavit confirming engagement 5.4. Supporting documents	

Section 37C death claims

Frequently Asked Questions (FAQs)

Who allocates the death benefit?

The treatment of death claims on retirement funds is different from that of other investment products, as legislation dictates how death benefits should be distributed. The board of trustees of the fund ('the trustees') are responsible for allocating retirement fund benefits in terms of Section 37C of the Pension Funds Act (the 'Act').

Section 37C of the Act makes provision for the protection of parties who were financially dependent on the deceased member of the fund (the 'member'). If the trustees deem that financially dependent parties have not been adequately catered to in the distribution wishes of the member, the Act makes provision for the trustees to adjust the allocation of the benefit accordingly. As a result, the final allocation of the death benefit paid by the fund may differ from the allocation specified by the member of the fund.

What factors do the trustees consider when making an allocation?

1. Age of potential beneficiaries
2. Relationship of potential beneficiaries to the deceased member
3. Qualifications of potential beneficiaries
4. Wishes of the deceased
5. Extent of dependence of potential beneficiaries on the deceased member
6. Future earning capacity or potential earning capacity of potential beneficiaries
7. Current financial status of potential beneficiaries
8. Amount available for distribution

What happens if the deceased member dies without dependants and/or nominated beneficiaries?

Section 37C allows for the benefit to be paid into the estate of the deceased member. The payment of the benefit to the estate may only occur after a 12-month tracing period (explained below).

Why do Section 37C death claims take long?

These claims are often complex in nature as the trustees must ensure that all dependants and nominees have been considered. Section 37C allows for a 12-month tracing period in which the trustees can trace and identify dependants and evaluate their financial dependence on the deceased member.

Why are death claims on retirement annuities and preservation funds treated differently?

Retirement annuities and preservation funds are governed by the Pension Funds Act. Section 37C of the Pension Funds Act prescribes what the fund must do when dealing with a death benefit.



Do the death benefit form part of the estate?

The member cannot allocate these benefits within their will. The nominees provided by the member are however taken into account by the Trustees of the Fund to distribute the benefits equitably in accordance with Section 37C of the Act. The benefit can only be to be paid into the estate of the deceased member if the member dies without dependants and/or nominated beneficiaries and the 12-month tracing period (explained above) has passed.

Who is considered a dependant?

A 'dependant', in relation to the member of a pension fund, means:

1. a person in respect of whom the member is legally liable for maintenance.
2. a person in respect of whom the member is not legally liable for maintenance, if such a person –
 - was, in the option of the trustees, dependant on the member for maintenance.
 - is the spouse of the member.
 - is a child of the member (irrespective of age), including a posthumous child, an adopted child or a child born out of wedlock.
3. a person in respect of whom the member would have become legally liable for maintenance had the member not died, for example an unborn child.

Who is considered a spouse?

1. A civil law spouse
2. A customary law spouse
3. A civil union partner
4. A spouses in terms of the tenets of any religion
5. A life partner

**Do the death benefit form part of the estate?**

The member cannot allocate these benefits within their will. The nominees provided by the member are however taken into account by the Trustees of the Fund to distribute the benefits equitably in accordance with Section 37C of the Act. The benefit can only be to be paid into the estate of the deceased member if the member dies without dependants and/or nominated beneficiaries and the 12-month tracing period (explained above) has passed.

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A 'dependant', in relation to the member of a pension fund, means:

1. a person in respect of whom the member is legally liable for maintenance.
2. a person in respect of whom the member is not legally liable for maintenance, if such a person –
 - was, in the option of the trustees, dependant on the member for maintenance.
 - is the spouse of the member.
 - is a child of the member (irrespective of age), including a posthumous child, an adopted child or a child born out of wedlock.
3. a person in respect of whom the member would have become legally liable for maintenance had the member not died, for example an unborn child.

Who is considered a spouse?

1. A civil law spouse
2. A customary law spouse
3. A civil union partner
4. A spouses in terms of the tenets of any religion
5. A life partner

Section 37C death claim checklist

Existing investment details

First names and surname of the deceased	<input type="text"/>
Identity number of the deceased	<input type="text"/>
Investment number/s	<input type="text"/>

Documents to be completed/provided

- ☐ Death certificate
- ☐ Notice of death and police report (if death was not due to natural causes)
- ☐ Last Will and Testament of the deceased
- ☐ Completed 'Section 37C Death Claim Application Form'
- ☐ Completed annexures (each potential beneficiary must complete either 'Annexure A' or 'Annexure B')
- ☐ Proof of union (e.g. marriage certificate, proof of payment of lobola, proof of celebration of customary union, proof of registration of customary union, confirmation of permanent life partnership etc.)
- ☐ Birth certificates of all potential beneficiaries who are children of the deceased
- ☐ Divorce decree (if applicable)
- ☐ Letter of executorship
- ☐ Affidavit from independent third party confirming partnership (if potential beneficiary was the life partner of the deceased)
- ☐ Copy of identity document or passport (all parties)
- ☐ Proof of address, not older than three months (all parties)
- ☐ Proof of bank account, not older than three months (If 'Annexure A – Statement of Financial Position' is completed)
- ☐ Affidavit from independent third party confirming the dependants of the deceased as well as any other information that the Trustees may need to be aware of
- ☐ Proof of tax number of the Estate, not older than three months
- ☐ Supporting documents

Section 37C death claim application form

Retirement Annuity and Preservation Funds

- PSG Invest (Pty) Ltd, an authorised administrative financial services provider, is the Administrator of this investment.
- This form should be completed by any family member or the Executor of the deceased member of the PSG Wealth Retirement Annuity Fund and/or the PSG Wealth Preservation Pension Fund and/or the PSG Wealth Preservation Pension Fund (the 'Member').
- Please complete all relevant sections of this application form.
- The Administrator may request further information or documentation if required.

1. Existing investment details

Investment number	<input type="text"/>
Surname of Member	<input type="text"/>
First name(s) of Member	<input type="text"/>
ID number of Member	<input type="text"/>

Additional requirements:

- Please provide a copy of the Member's death certificate.
- Please provide a copy of the identity document of the Member.
- Please provide a copy of the notice of death and police report if death is not due to natural causes.

2. Details of executor or person completing the form

Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID number	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Cell phone	<input type="text"/>	Work number	<input type="text"/>
Email address	<input type="text"/>		

Additional requirements:

- Please provide a copy of the letter of executorship (If applicable).
- Please provide a copy of the Last Will and Testament of the Member.
- Please sign Section 10 of this form.
- Affidavit from independent third party confirming the dependants of the deceased.
- Any other information that the Trustees may need to be aware of.

3. Details of any other investments

Please provide us with the details of any other investments which will become payable or have already been paid due to the Member's death. If payment in respect of any of these investments has already been made, please provide detail below of who the funds were paid to, as well as the value of the payments.

Investment company	Beneficiary	Total value of investment	Value received

4. Details of spouse / life partner

Title ☐ Ms ☐ Mr ☐ Dr ☐ Prof ☐ Adv Other

Surname

First name(s)

ID/Passport number

Physical address

Code

Relationship to Member

Cell phone Work number

Email address

Portion of benefit allocated to be transferred (Indicate the rand amount to be transferred to an approved fund – please include the completed application form)

Portion of benefit allocated to be paid in cash (Indicate the percentage to be paid in cash into the account of the dependant/beneficiary as listed on ['Annexure A'](#))

Additional requirements:

- Please provide a copy of your marriage certificate, proof of customary union, cohabitation or life partnership agreement ('live-in arrangement') or affidavits and supporting documents confirming the details of your partnership with the Member.
- Please complete and return either ['Annexure A'](#) or ['Annexure B'](#) (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

5. Details of major and minor children

Details of child 1

Title ☐ Ms ☐ Mr ☐ Dr ☐ Prof ☐ Adv Other

Surname

First name(s)

ID/Passport number

Physical address

Code



Relationship to Member	<input type="text"/>		
Cell phone	<input type="text"/>	Work number	<input type="text"/>
Email address	<input type="text"/>		
Portion of benefit allocated to be transferred	<input type="text"/>	(Indicate the percentage or rand amount to be transferred to an approved fund – please include the completed application form)	
Portion of benefit allocated to be paid in cash	<input type="text"/>	(Indicate the percentage or rand amount to be paid in cash into the account of the dependant/beneficiary as listed on 'Annexure A')	

Additional requirements:

- Please provide a copy of the child's unabridged birth certificate.
- Please complete and return either ['Annexure A'](#) or ['Annexure B'](#) (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

Details of child 2

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						
Physical address	<input type="text"/>						
<input type="text"/>						Code	<input type="text"/>
Relationship to Member	<input type="text"/>						
Cell phone	<input type="text"/>			Work number	<input type="text"/>		
Email address	<input type="text"/>						
Portion of benefit allocated to be transferred	<input type="text"/>			(Indicate the percentage or rand amount to be transferred to an approved fund – please include the completed application form)			
Portion of benefit allocated to be paid in cash	<input type="text"/>			(Indicate the percentage or rand amount to be paid in cash into the account of the dependant/beneficiary as listed on 'Annexure A')			

Additional requirements:

- Please provide a copy of the child's unabridged birth certificate.
- Please complete and return either ['Annexure A'](#) or ['Annexure B'](#) (relating to financial dependence on the Member).
- Please sign Section 10 of this form.



Details of child 3

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						
Physical address	<input type="text"/>						
	<input type="text"/>					Code	<input type="text"/>
Relationship to Member	<input type="text"/>						
Cell phone	<input type="text"/>			Work number	<input type="text"/>		
Email address	<input type="text"/>						
Portion of benefit allocated to be transferred	<input type="text"/>			(Indicate the rand amount to be transferred to an approved fund – please include the completed application form)			
Portion of benefit allocated to be paid in cash	<input type="text"/>			(Indicate the percentage to be paid in cash into the account of the dependant/beneficiary as listed on ‘Annexure A’)			

Additional requirements:

- Please provide a copy of the child's unabridged birth certificate.
- Please complete and return either [‘Annexure A’](#) or [‘Annexure B’](#) (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

6. Details of the parents of the member

Details of mother

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						
Physical address	<input type="text"/>						
	<input type="text"/>					Code	<input type="text"/>
Cell phone	<input type="text"/>			Work number	<input type="text"/>		
Email address	<input type="text"/>						

Additional requirements:

- Please provide a copy of the death certificate of the Member's father (if applicable).
- Please complete either [‘Annexure A’](#) or [‘Annexure B’](#) (relating to financial dependence on the Member).
- Please sign Section 10 of this form.



Details of father

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						
Physical address	<input type="text"/>						
<input type="text"/>						Code	<input type="text"/>
Cell phone	<input type="text"/>			Work number	<input type="text"/>		
Email address	<input type="text"/>						

Additional requirements:

- Please provide a copy of the death certificate of the Member's father (if applicable).
- Please complete either '[Annexure A](#)' or '[Annexure B](#)' (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

7. Details of previous spouse (if divorced)

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						
Physical address	<input type="text"/>						
<input type="text"/>						Code	<input type="text"/>
Cell phone	<input type="text"/>			Work number	<input type="text"/>		
Email address	<input type="text"/>						

Additional requirements:

- Please provide a copy of the divorce decree stamped by the Master of the High Court.
- Please complete and return either '[Annexure A](#)' or '[Annexure B](#)' (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

8. Details of nominees

Details of nominee 1

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						



Physical address			
		Code	
Cell phone		Work number	
Email address			

Additional requirements:

- Please complete and return either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

Details of nominee 2

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	
Surname							
First name(s)							
ID/Passport number							
Physical address							
						Code	
Cell phone						Work number	
Email address							

Additional requirements:

- Please complete either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

9. Details of any other persons who were financially supported by the member or would have become legally dependent on the member had he/she lived (e.g. parents who may not have been able to support themselves, a fiancé/fiancée, a posthumous child etc.)

Details of other financially dependant party 1

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	
Surname							
First name(s)							
ID/Passport number							
Physical address							
						Code	
Cell phone						Work number	
Email address							

**Additional requirements:**

- Please complete and return either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

Details of other financially dependant party 2

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						
Physical address	<input type="text"/>						
<input type="text"/>						Code	<input type="text"/>
Cell phone	<input type="text"/>			Work number	<input type="text"/>		
Email address	<input type="text"/>						

Additional requirements:

- Please complete and return either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

Details of other financially dependant party 3

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Adv	Other	<input type="text"/>
Surname	<input type="text"/>						
First name(s)	<input type="text"/>						
ID/Passport number	<input type="text"/>						
Physical address	<input type="text"/>						
<input type="text"/>						Code	<input type="text"/>
Cell phone	<input type="text"/>			Work number	<input type="text"/>		
Email address	<input type="text"/>						

Additional requirements:

- Please complete and return either 'Annexure A' or 'Annexure B' (relating to financial dependence on the Member).
- Please sign Section 10 of this form.

10. Declaration and authorisation**Please read through the following terms, conditions and declarations and assure compliance where applicable:**

- This form may only be signed by a family member or the executor acting on behalf of the deceased Member. The signatory warrants that he/she has the necessary authority to sign this document, confirms that the information contained in this document is correct and true, and he/she indemnifies the Administrator against all damages or losses that may arise as a result of signing this document.
- The Administrator reserves the right to withhold the processing of any request if the information is, in its opinion, ambiguous, unclear or incomplete. The Administrator also reserves the right to request additional information or verification documentation from the Investor if so required. The Administrator will not be obliged to process this form until such documentation has been received.



- A faxed or emailed instruction will only be processed if the nominated beneficiary or executor has authorised the Administrator to accept instructions via these mediums on the original 'Beneficiary Nomination Form'. Where no authorisation has been given, a faxed or emailed instruction will be rejected by the Administrator. The nominated beneficiary or executor is reminded that the responsibility to assure receipt of any instruction by the Administrator via fax or email remains the responsibility of the nominated beneficiary or executor. A faxed transmission confirmation or emailed delivery advice in the hands of the sender will not suffice as proof that the Administrator has received the instruction. The Administrator cannot be held responsible for any damages or losses arising out of the election of the nominated beneficiary or executor to instruct the Administrator via fax or email of a scanned document.
- The Administrator will not be liable for any damages or losses resulting from unprocessed instructions due to circumstances beyond its control.
- Balances that remain in a fund following a 100% switch out/rebalance out/withdrawal from this fund will not automatically follow the original transaction to the required destination fund or bank account. Such residual balances may be caused by reinvested distributions or the release of units that were reserved for another transaction at time of instruction. You/your financial adviser may send a written request to the administrator to reprocess this instruction in order for future residual balances to be cleared.

I/We, the undersigned hereby confirm, by accepting these terms and conditions and disclaimer, that I/we understand the nature, effect or any provisions of the disclaimer.

I/We, the undersigned, do hereby declare that I/we have read and understood the standard terms and conditions contained in the original investment document and any endorsements thereto, and agree to be bound to these terms and conditions. The Investor understands that in terms of the Financial Advisory and Intermediary Services Act, 2002 (FAIS), his/her Financial Adviser must be mandated by a licensed Financial Services Provider (FSP) as a representative with the necessary FAIS sub-categories to act on the Member's behalf and that it is also the Investor's responsibility to determine whether his Financial Adviser has the necessary authorisation. (FSCA toll free number: 0800 110443). The Investor understands and confirms that the Administrator is entitled to act on his/her Financial Adviser's instructions, whether in written or electronic format, as if they were the Investor's own instructions. The Investor hereby indemnifies the Underwriter and/or Administrator against all losses or damage, which he may sustain, as a result of transactions entered into on the basis of this delegation of authority by the Investor to the Financial Adviser. If a Financial Adviser is not mandated as required by the Financial Sector Conduct Authority, the Administrator is obliged by law to decline any instructions from such Financial Adviser. The Administrator may and will accept instructions on the strength of the Investor's signature. The Investor hereby authorises the Administrator to obtain information from the appointed FSP, Financial Adviser or administrative assistant where the Investor has failed to include such information in the application or transaction form. This authorisation is subject to the Administrator obtaining documentary proof where necessary.

Signed at (place) this day of 20

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Executor

Signature of spouse/
life partner

Signature of child 1

Signature of child 2

Signature of child 3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of mother

Signature of father

Signature of previous
spouse

Signature of nominee 1

Signature of nominee 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of other
financially dependant party 1

Signature of other
financially dependant party 2

Signature of other
financially dependant party 3

Contact details

Physical address: Building 1, The Ingress, Corner of Magwa and Lone Creek Crescents, Waterfall City, Waterfall, 2090, Gauteng, South Africa

Postal address: PO Box 61295, Marshalltown, 2107, South Africa

Sharecall: 0860 774 774

Email: clientservice@psg.co.za

Website: www.psg.co.za



Annexure A – Statement of financial position

- This form must be completed by each person who was financially dependent on the deceased member of the PSG Wealth Retirement Annuity Fund and/or the PSG Wealth Preservation Pension Fund and/or the PSG Wealth Preservation Pension Fund (the 'Member'), including:
 - any major dependants
 - spouses
 - permanent life partners
 - legal guardians/caregivers completing form/s on behalf of a minor/s who was/were financially dependent on the Member.
- Please return the completed form/s to your financial adviser. If you do not have a financial adviser, please email the form/s to clientservice@psg.co.za.
- Any person who completes this annexure is not required to complete '[Annexure B - Waiver - Giving up right to claim](#)'.

1. Member details

Investment account number

Full names and surname of Member

2. Details of dependant

Full names and surname

Identification type ☐ South African identity document ☐ Passport

ID/Passport number

If you selected 'Passport' above, please provide the following details:

Country of issue Expiry date

Home phone Work phone

Cell phone Email address

3. Bank details for payment

Please note that the destination bank account for the payment is subject to the discretion of the Trustees. Payment into the account detailed below is therefore not guaranteed.

Account holder

Bank name Branch code

Account number ☐ Cheque/Current ☐ Savings

Please provide a recent copy of a bank statement for this account (not older than three months).



4. Details of financial dependency

Relationship to Member

- ☐ Biological/adopted child (please complete Sections 8, 9 and 10)
- ☐ Stepchild (please complete Sections 8, 9 and 10)
- ☐ Foster child (please complete Sections 8, 9 and 10)
- ☐ Spouse/permanent life partner/ex-spouse (please complete Sections 6, 8, 9 and 10)
- ☐ Legal guardian/caregiver completing form on behalf of a minor who was financially dependent on the Member (please complete Sections 7, 8, 9 and 10)
- ☐ Other (please specify)

Did the Member provide you with financial support on a regular basis?

☐ Yes ☐ No

Please state below the reason that you were financially dependent on the Member

Do you have any children?

☐ Yes ☐ No

If 'Yes', please indicate number of children

Do you receive financial support from any person other than Member?

☐ Yes ☐ No

If 'Yes', please provide details (i.e. relationship to person, reason for support and frequency of payments)

Employment status ☐ Employed ☐ Unemployed

If 'Unemployed', please specify duration of unemployment

Occupation

Level of education

If you are a scholar/student, please indicate:

Grade/level at tertiary institution

If attending a tertiary institution, please indicate.

Name of course

Student number

Expected date of completion of studies



5. Spouse/permanent life partner

Marital status:

- ☐ Civil spouse ☐ Customary spouse
☐ Permanent life partner (at date of death) ☐ Ex-spouse (divorced)

Date of marriage and date of divorce (if applicable)

Did you share a place of residence with the Member?

- ☐ Yes ☐ No

If 'Yes', please indicate below the period you shared a place of residence.

From (date) to (date)

Who owns the property where you and the Member lived together?

6. Legal guardian/caregiver of minor who was financially dependant on member

Full names and surname of caregiver/guardian

Identification type ☐ South African identity document ☐ Passport

Identification number

If you selected 'Passport' above, please provide the following details:

Country of issue Expiry date

Home phone Work phone

Cell phone Email address

Full names and surname of minor

Identification type: ☐ Birth certificate ☐ South African identity document ☐ Passport

Identification number

If you selected 'Passport' above, please provide the following details:

Country of issue Expiry date

Relationship of minor to Member

☐ Biological/adopted child

☐ Stepchild

☐ Foster child

Other (please specify):



Did the Member provide the minor with financial support on a regular basis?

☐ Yes ☐ No

State the reason that the minor was financially dependent on the Member:

If you are the child's caregiver, please provide the reason that the child is in your care and not in the care of his/her legal guardian:

Does the minor receive financial support from any person other than the Member?

☐ Yes ☐ No

If 'Yes', please provide details (i.e. relationship to person, reason for support and frequency of payments)

If minor is a scholar/student, please indicate:

Grade/level at tertiary institution

If attending a tertiary institution, please indicate:

Name of course

Student number

Expected date of completion of studies

7. Dependant statement of monthly income and expenses

- If completing on behalf of a minor as his/her guardian/caregiver, please provide the details of the minor in the table below.
- Please provide supporting documentation for the information provided below, for example payslips and rental agreements.

Current income (please indicate amounts in rand)		Your information	Spouse or partner's information
Salary and wages			
Commission			
Maintenance (court-ordered or voluntary)			
Investment income			
Rental income			
Other (please specify)			
Total gross monthly income			



Current deductions (please indicate amounts in rand)		Your information	Spouse or partner's information
Income tax			
Medical aid premium			
Policy premium			
UIF			
Skills development levy			
Other (please specify)			
Total net monthly income			

Current expenses (please indicate amounts in rand)		Your information	Spouse or partner's information
Basic necessities			
<ul style="list-style-type: none"> Accommodation (including student accommodation, rental, water, electricity, etc.) 			
<ul style="list-style-type: none"> Food and clothing (including school uniform) 			
<ul style="list-style-type: none"> Transport (including petrol, car instalments etc.) 			
Education			
<ul style="list-style-type: none"> Tuition/fees 			
<ul style="list-style-type: none"> Stationery, books etc. 			
Other expenses			
<ul style="list-style-type: none"> Maintenance responsibilities (household or court ordered) 			
<ul style="list-style-type: none"> Loan instalments 			
<ul style="list-style-type: none"> Credit card payments 			
<ul style="list-style-type: none"> Telephone, cell phone and internet 			
<ul style="list-style-type: none"> Other (please specify) 			
Total monthly expenses			

Please indicate support received from the Member in relation to the above list of income and expenses (for example paid-for accommodation, maintenance, tuition etc.)



8. Dependant statement of assets and liabilities

List of assets (please indicate amounts in rand)		Market value
Property		
Policies (e.g. long-term insurance)		
Investments		
Other (please specify)		
List of liabilities (please indicate amounts in rand)		Amount still owing
Bond		
Loans		
Credit cards		
Other (please specify)		

Please provide any additional information below that may assist the Trustees with the fair allocation of the death benefits.

9. Declaration by authorised person

I, the undersigned, declare that the information provided in this form is, to the best of my knowledge, both true and correct.

Signed at (place) this day of 20

Signature of duly authorised person

Full names and surname

Capacity in which person signs* (if applicable)

* If signing under a power of attorney, please provide a certified copy of the power of attorney.



Annexure B - Waiver - giving up right to claim

This form must be completed by each person who was not financially dependent on the deceased member of the PSG Wealth Retirement Annuity Fund and/or the PSG Wealth Preservation Pension Fund and/or the PSG Wealth Preservation Pension Fund (the 'Member'), including:

- biological children
- adopted children
- stepchildren
- spouses
- permanent life partners

Please return the completed form/s to your financial adviser. If you do not have a financial adviser, please email the form/s to clientservice@psg.co.za.

Any person who completes this annexure is not required to complete 'Annexure A – Statement of Financial Position'.

1. Member details

Investment account number

Full names and surname of Member

2. Details of dependant

Full names and surname

Identification type

☐

South African identity document

☐

Passport

ID/Passport number

If you selected 'Passport' above, please provide the following details:

Country of issue

Expiry date

Home phone

Work phone

Cell phone

Email address

3. Relationship to Member

Please specify your relationship to the Member

☐

Biological/adopted child

☐

Stepchild

☐

Foster child

☐

Spouse/permanent life partner/ex-spouse

☐

Other (please specify)

Please provide any additional information below that may assist the Trustees with the fair allocation of the death benefits.

4. Declaration by authorised person

I, the undersigned, understand and declare under oath that:

- I give up my right to claim any death benefits from the fund.
- the information provided in this form is, to the best of my knowledge, both true and correct.

Signed at (place) this day of 20

Signature of duly authorised person

Full names and surname

Capacity in which person signs* (if applicable)

* If signing under a power of attorney, please provide a certified copy of the power of attorney.



Privacy statement

We respect your privacy and want to protect your personal information. Personal information is any information about or associated with you and that can identify you.

1. The Fund is a responsible party as envisaged in the Protection of Personal Information Act (POPIA).
2. The Fund and its administrator which is an operator as envisaged in POPIA, process your personal information for the purpose of allocation of death benefits arising as a result of the member's death.
3. This personal information, which may include personal information of minors, includes name, age, identification documents, employment details, salary information, financial information, contact details, marital status.
4. In addition, certain special personal information may be processed under specific circumstances. This may be information about your health or personal relationships.
5. It is the Fund's responsibility to ensure that personal information is only processed lawfully. The Fund has protocols in place in this regard. Personal information will only be shared with third parties on a "need to know" basis.
6. The Fund will ensure that personal information is secured by it and any service providers that process such personal information.
7. The Fund will ensure that a service provider does not transfer your personal information to any person or entity outside of the Republic of South Africa without the Fund's consent.
8. Should the Fund become aware of any breach in security or unauthorised access, or any threat of such a breach or unauthorised access to personal information, it will immediately inform you thereof and of the steps taken to rectify the breach and/or unauthorised access.
9. The Fund will let you know why personal information is being requested from you on any form that you are required to complete.
10. You have the right to request:
 - a. Details of any personal information held by the Fund or its service providers;
 - b. Correction of any of your personal information held by the Fund or its service providers;
 - c. Deletion of any or your personal information held by the Fund or its service providers; and
 - d. Details of any third parties who had been given access to your personal information for the purpose of provision of benefits.

11. The details of the Fund's Information Officer, who you may contact for any further information, concerns or complaints, are as follows:

Name: Jan van der Merwe
Email Address: jan.vandermerwe@psg.co.za
Postal Address: P. O. Box 61295
Marshalltown
2107
Contact Number: +27 (11) 996 5200

12. Should you not be satisfied with the outcome, you can contact or complain to the Information Regulator using the following contact details:

Information Officer and Chief Executive Officer: Mr. Mosalanyane Mosala
Contact Person: Ms. Pfano Nenweli
Email: PNenweli@justice.gov.za

Deputy Information Officer: Ms. Varsha Sewlal
Email: VarSewlal@justice.gov.za

Physical address and postal address: JD House, 27 Stiemens Street P.O. Box 31533
Braamfontein Braamfontein
Johannesburg Johannesburg
2001 2017

Telephone: +27 (10) 023 5200

Website: <https://www.justice.gov.za/infoereg/>